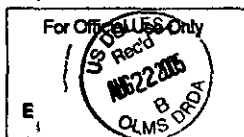


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U 10513	2 Fiscal Year Covered From: 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Robert M Palandech P.O. Box Bldg Room No if any Street 11851 SE 36th City Milwaukie State Oregon ZIP Code + 4 97222	4 Name file number and address of labor organization Name I B E W Local 48 Labor Organization File Number 033-435 P.O. Box Building and Room Number if any Street 15937 NE Airport Way City Portland State Oregon ZIP Code + 4 97230-4958
5 Position in labor organization Immediate Past President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bldg Room No if any Street City State ZIP Code + 4	7.a. Nature of interest, Transaction or Income 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Robert M Palandech</u>	On <u>08/15/2005</u>	<u>503-957-6465</u>
	Date	Telephone Number

Name of Person Filing Robert Palandech	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name I.B.E.W. Local 48</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 15937 NE Airport Way</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97230-4958</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Harrison Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1220 SW Morrison Suite 300</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97205-2222</p>	<p>11.a. Nature of such dealing.</p> <p>Served as officer of local union who is responsible for overseeing general operation of local union and all trusts and committees and their policies.</p>
	<p>11.b. Approximate dollar value of such dealing. \$408</p>
	<p>12.a. Nature of interest held or income received.</p> <p>SunRiver 2004 Annual Meeting-Lodging \$408.00</p>
	<p>12.b. Amount. \$408</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>